2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N03000005828 03-12-2004 90039 016 ****61.25 1. Entity Name DAVA MANATEE COUNTY UNIT 18, INC. Mailing Address Principal Place of Business UKBOURDA 111 63ND AVE E BRANDENTON FL 34203 111 63ND AVE E BRANDENTON FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REDMOND, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 6633 53ND AVE, E LOT D71 **BRADENTON FL 34203** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egent. 5H/RLEY KEDMOND (NOTE: Registered Agent signature requi FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change Addition TΠΙΕ ☐ Delete REDMOND, SHIRLEY NAME 6633 53ND AVE E, LOT 2011 NAME STREET ADDRESS 3366 53ND AVE E, LOT D71 STREET ADDRESS BRANDENTON FL 34203 CITY-ST-ZIP CITY-ST-ZIP... ☐ Addition ☐ Delete TITLE Change TITLE POWELL, PHYLLIS NAME NAME P O BOX 10882 STREET ADORESS STREET ADDRESS **BRADENTON FL 34282** CITY-ST-7P CITY-ST-ZIP MLE Change Addition TOTAL Delete BARNSHAW, MARNA DAVIS, MARCIA NAME NAME. 4802 51ST ST W, APT 201 53M AVE E STREET ADDRESS 808 STREET ADDRESS 34203 CITY: ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP-☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME MALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if EDMOND SIGNATURE:

FILED

3.

Mar 31, 2004 8:00 am